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ABSTRACT

A need exists within the profession of art therapy to address issues of managed care, licensure, and provider reimbursement. While the profession struggles on both the state and national level with issues of livelihood and recognition, there are still philosophical questions within the field which remain unexplored. This article addresses a theme loosely defined as studio approaches to art therapy. The concept of art therapy within a studio space has received little formal attention in the literature. What exactly the studio approach to art therapy is remains largely undefined, although there are some identifiable characteristics such as: (1) space--the environment where the therapist, the space itself, and people who visit the space come together in a synergistic way; and (2) time--studio therapy involves little or no directives, more time than clinical forms of art therapy thus providing a more in-depth experience with the art process. Some difficulties with the studio approach are: (1) financial struggles including the difficulty in becoming a health care provider and receiving third party payments; (2) lack of understanding and acknowledgment with in the field of art therapy; and (3) recent revisions of AATA ethics documents relating to privacy and confidentiality. (JBJ)

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Studio Approaches to Art Therapy
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the American Art Therapy Association

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In the a recent issue of the *AATA Newsletter*, the president's report notes the flurry of art therapists' activities involving inclusion in existing licensures, recognition as independently licensed professionals, and/or acceptance of art therapy certification by state licensure boards (Stoll, 1995). It is no surprise that an urgent need exists within the profession to address issues of managed care, licensure, and provider reimbursement, given the fast-moving, ongoing market reforms in the healthcare arena. The advent of managed care organizations (MCOs) has forced art therapists who are employed in clinical positions or in private and group practices to consider issues such as certification, licensure, and provider status. It has also apparently encouraged the profession to intensify efforts to complete outcome and efficacy studies of art therapy that will convince MCOs of the value of art therapy to clients (also see Stoll, 1995).

While the profession struggles on both the state and national level with these very real battles for livelihood and recognition, there are still philosophical questions within the field of art therapy that remain largely unanswered and often unexplored amidst the bustle over which letters are best to have in back one's name. This article addresses a theme loosely defined as studio approaches to art therapy and puts forth some aspects about art therapists' work that may have been forgotten or the very least, neglected in their urgency to certify, regulate, and defend our professional turf. Although the articles and viewpoints on these pages may have little to offer to solve the perceived struggles for recognition, provider status, and job security, they do offer some important thoughts that relate to the issue of efficacy of art therapy interventions and how art therapists can best be of service to their clients.

The concept of art therapy within a studio space is not in and of itself novel, although it has not received much formal attention in our literature. One historic, yet relatively unknown milestone in the development of a studio

approach to art therapy is the work of Mickie McGraw, A.T.R., at the MetroHealth Medical Center in Cleveland, OH. For over 25 years McGraw has developed and expanded the concept of the art therapy studio through her work with children, adults, groups and families. A statement in *The Art Studio-- Center for Therapy through the Arts: 25th Anniversary* catalogue (1992) describes the essence of the program:

...patients' introductions to the Art Studio came by word of mouth, not by referral; they would come in out of curiosity. When they arrived, in cart or chair, they would find inviting things - a bit of current music playing, paintings on the wall, coffee or tea. It might take two weeks of looking on before a patient got up the courage to join those already engaged in creating art. Right away though, surprising things began to happen. People who had never drawn or painted before found themselves unable to stay away, and spending their free time thinking of what they would do next... (p. 8)

Since its inception, the Art Studio and its satellite programs throughout the Cleveland area have provided creative and therapeutic environments for art making for over 16,000 individuals. In addition to McGraw, other art therapists have worked or are currently working in this manner, including Robert Ault at the Ault Art Academy, Topeka, KS; Pat Allen, Deborah Gadiel and Dayna Block at The Open Studio, Chicago, IL, referred in this issue; and Irene Ward Brydon at the Creative Growth Center, Oakland, CA .

In actuality, what exactly the studio approach to art therapy is remains largely undefined, although there are some identifiable characteristics. One characteristic centers around the idea of space – the environment where the art therapist, the space itself, and people who visit the space come together in what McNiff (1995) refers to as a “creative ecology of forces”. This synergistic effect of therapist, people and space is rarely discussed, although it is a vital

aspect of why art-making might be helpful to the clients we seek to serve. It has often been observed that art therapy involves both the two important components of product and process; equally crucial to what comprises therapy is how art therapists bring people together within a space.

Time is another important factor in the studio approach; by its very nature, the studio as an environment encourages a more in-depth experience with art-making. In contrast, clinical approaches often encourage quickly-drawn, rudimentary sketches or hastily pasted collages within a 50-minute hour. They also may involve assigning an art task with a specific theme to clients such as draw your anger, draw a person in the rain, etc. After these images are hurriedly completed, a discussion ensues with the person verbally sharing his/her work and the therapist providing feedback. These types of art therapy sessions are particularly common in psychiatric settings where art therapy may be part of an overall treatment program and are particularly prevalent in brief therapy milieus where contact time is limited.

In comparison, studio-based approaches usually involve little or no directives, more time, and therefore, a more in-depth experience with the art process. For example, an individual might attend the studio as much as little as s/he wants, working on one ongoing piece or a series of several different works. There are no formal group sessions, although special instructional workshops may be offered from time to time. Working artist/art therapists are generally present and the dynamics of the space are dependent on the ever-changing flux of visitors and participants.

Although both clinical and studio approaches to art therapy may be of value in certain circumstances and within certain frameworks, a comparison of the two approaches does generate many questions about the basic definitions of what is "therapeutic" and what is "art-making." For example, under what circumstances is it truly helpful or therapeutic for clients to be specifically asked to draw their anger, draw a person in the rain, etc.? When is it more effective for clients work for more extended periods of time and in unstructured environments such as studio settings? Is it OK for an art

therapist to work on his/her own art during a session? Other more general questions come to mind, such as how do we define art-making? Art? Artists? Do we see our clients as artists or only as clients? Do art therapists see themselves as artists? Is all work that comes from art therapy art? When and if is it important that it be art? Many of these questions have been asked before, but are certainly worth revisiting with respect to the articles and ideas presented on these pages.

As with any methodology, there are some difficulties with the studio approach that must be mentioned. Just as becoming a health care provider and receiving third party payments is difficult for clinically-oriented art therapists, working as an art therapist in a studio setting involves similar and perhaps even more intense financial struggles. Since studio programs may be viewed as more art-oriented than clinically-based, one of the more difficult aspects of the studio approach is obtaining funding in this time of cuts in grants for art-oriented programs and artists in general. The National Endowment for the Arts (NEA) has been threatened with extinction, with proposals to reduce the funding to the arts agency altogether or eliminate at least 40-50% of its available grants (Steis, 1995). Although most artists do not receive grants directly from the NEA, its threatened elimination does impact state art councils who receive funds from the national endowment and the influences the general belief that the arts are not worthy of public funds.

Art therapists interested in funding the types of studio-based programs discussed in this issue may have to seek funding other than public money, focusing on local or corporate foundations, community donations, and receipts from workshop fees and sale of art or related items. Strategies for arts-based funding are available (Malchiodi, 1987; Gray 1995), but art therapists exploring this type of funding are cautioned that their artist identity must be strong in terms of current portfolio and exhibition records (Gray, 1995). In order to be considered, they must demonstrate that they are truly working visual artists with a primary dedication to art and studio work. More often

than not, due to lack of time or inclination to do studio work, art therapists may fail to meet these criteria.

Another difficulty those with an interest in the studio approach to art therapy may face is the a lack of understanding and acknowledgement within the field of art therapy. A recent call for papers for a special issue of Art Therapy generated surprisingly few respondents; perhaps studio-oriented art therapists want to make art rather than write. But I will also venture that studio approaches to art therapy are seen as a less prestigious career path as opposed to clinical positions. For years art therapists have differentiated themselves from the art-as-therapy approach by calling themselves "art psychotherapists," a term that seems to imply more credibility and clinical expertise than plain old "art therapist." This desire to appear more clinical and psychotherapy-oriented also stems from basic economics; a full-time clinical position offers a higher, hopefully more stable salary (and benefits) than any artist-in-residence position. Having been an artist-in-residence for three different state arts councils, I can unequivocally state that residency money is lean (and does not include health and retirement benefits) and grants for any type of art therapy programming are difficult to obtain, and when obtained, are impossible to live on without other income.

A third dilemma involving studio approaches to art therapy relates to the recent revisions of the AATA ethics document. By its very nature, an art studio sets up a unique set of dynamics among its participants as well as an environment that differs from a clinic or hospital, bringing to question our notions and rules about confidentiality and personal boundaries. People can drop in a various times to work at in open studio; space is shared by all participants and privacy is non-existent; participants freely display their art that, in some cases, even the public may look at through windows or by visiting the studio space. There are also undefined aspects of the facilitator's responsibilities and relationship to the participants who attend an open studio, as well as the space itself. These are not questions easily answered by

the profession and are not addressed in the current ethics document which largely focuses on clinical applications of art therapy.

At the start of this editorial a pressing need for efficacy and outcome studies of art therapy was noted. It seems that for the profession of art therapy a crucial question remains: what is it that really makes art therapists' work with clients effective? Although there has been considerable research in the area of art-based assessments, these findings are not at the heart of what actually helps clients to find healing, support and wholeness through their experience of art therapy. The ability of art therapy to help clients express themselves in ways that words cannot is indeed powerful, but there are deeper aspects of the art process itself and all that it entails which create health and well-being in our clients. In the field's collective push for clinical recognition by other professionals, organizations, managed care corporations, and state and federal government, we may be neglecting the exploration of aspects of art-making necessary to justify our uniqueness as a separate discipline.

Like many art therapists what brought me to this profession is the powerful and personally fulfilling experience of art making, of exhibiting and sharing my work with others, and of making art in a studio setting, in groups and individually. Working in my own studio or in others, feeling connectedness to other artists, seeing art in progress, getting lost in hours of art-making, sharing a cup of tea with a fellow artist, or receiving feedback on my work-- these are aspects of art-making that reinforce my belief about ability of the art process to effect change, build community, and enhance one's life (Malchiodi, 1994). They are the qualities that led me to consider graduate training in the field, and still inform and inspire my work with clients today.

However, I don't believe that we will come to many favorable conclusions about the efficacy of art therapy until we recognize, investigate, and honor the unique properties of art-making and how art-making is best presented in service of our clients. Identifying the efficacy of art therapy will come from our deeper understanding and exploration of media, the art

process, and therapeutic space, and how we define these as artists. The answers to our search will not come from our clinical expertise alone, but rather from our knowledge of art and from an intimate, personal connection to our own art-making.

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